

Genesee Intermediate School District Genesee Career Institute



11/09/2016

Base Camp Challenge Center – Acknowledgment and Release

FORM MUST BE IN BLACK OR BLUE INK

Telephone: E-Mail: Allergies: Pertinent Medical Conditions: In case of emergency, notify: Name: Telephone:	
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Name:Telephone:	
Name:Telephone:	
Name:Telephone:	
Group Name:	
GCI Class/Teacher:	Session:
movement, involves risks and dangers including but not limited to thos total disability, paralysis and death. These risks and dangers may be participants or the negligence of others. There may be other risks not foreseeable at this time. I, for myself and on behalf of my representatives and next of kin, hereby release, indemnify, and he Genesee Career Institute, their officers, officials, agents and/or employe agents and advertisers. With respect to any and all injury, disability, de or property, whether arising from the negligence of the Releasees of permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGRETERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIG VOLUNTARILY WITHOUT ANY INDUCEMENT	caused by the negligence of the known thus or are not reasonably eleases, heirs, assigns, persona old harmless the Base Camp arees, other participants, sponsoring eath, or loss or damage to person rotherwise, to the fullest extended to the fulles
(Participant Signature if 18 or older)	Date
FOR PARENTS/GUARDIANS OF PARTICIPA	<u>ants</u>
This is to certify that I, as parent/guardian with legal responsibility for agree to his/her release as provided above, and for myself, my child and I release and agree to indemnify and hold harmless the Releasees from an child's involvement or participation in these programs as provided above, of the Releasees to the fullest extent permitted by law.	our heirs, assigns, and next of king y and all liabilities incident to my
(Print Parent/Guardian Name)	
X (Parent/Guardian Signature)	 Date